# MATHEMATICS FACULTY ADVISING CHECKLIST

<table>
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<th>TODAY'S DATE: ______________</th>
<th>FALL / SPRING</th>
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## FACULTY ADVISOR INFORMATION

- **FULL NAME:**

- **E-MAIL ADDRESS:** ___________________________  **OFFICE EXT:** ____________

## STUDENT INFORMATION

- **LAST NAME:** __________________
- **FIRST NAME:** __________________
- **MIDDLE INITIAL:** ____________

- **BANNER ID:** A
- **CLASSIFICATION:** __________________

- **ARE YOU CURRENTLY WORKING?**
  - If yes, how many hours per week? __________________

### REASON FOR VISIT TODAY: *(Please circle all that apply)*

- Scheduled advising
- Career paths/career goals
- Internships
- Scholarships
- Research opportunities
- Other *(Please explain):* ____________________________

The checklist below will act as a guide for Faculty-Student Conferences to ensure the success of the counseling sessions.

**Academic Workload Management:**

- **Academic Goals:**

- **Research Interest:**

- **Graduate School:**

- **Career Counseling:**

- **Other:**

- **Faculty Advisor Signature:** ________________________________________________

- **Student Signature:** ________________________________________________________

***Submit signed form to CI 301 each Fall semester***

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**(for Office Use only)**

- **Processor (Print):**
- **(Sign):**
- **Date:**

**October 2015**